

LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT

2015 COUNTYWIDE COMPETITIVE GRANT PROGRAM - APPLICATION FORM

3/2015

A-1

This form and required attachments must be submitted for each Project

1 Applicant(s) Name:			
Address:		City:	State: Zip:
Name of Contact		Title	Phone Number
2 Project Name (60 character limit):			
3 Project Location (include street address, nearest cross street, etc.):			
Address:		City:	State: Zip:
4 Brief Description of Project:			
5 Acquisition Projects:		Development Projects:	
_____ Total Project Acres _____ Total Land to be Acquired (fee simple) _____ Other		_____ Owned by Applicant (fee simple) _____ Leased _____ Other	
6 Application Proposal Funding Section:		Type of Project:	
<input type="checkbox"/> Rivers & Streams <input type="checkbox"/> Santa Monica Bay <input type="checkbox"/> Both		<input type="checkbox"/> Acquisition of Natural Lands <input type="checkbox"/> Rehabilitation/Restoration of Natural Lands <input type="checkbox"/> Construction/Development of a New Recreational Facility <input type="checkbox"/> Other, specify _____	
Project Funding:		Application Attachments:	
1 Grant Amount Requested \$ _____ Sources of other funds (list): 2 _____ \$ _____ 3 _____ \$ _____ 4 _____ \$ _____ 5 _____ \$ _____ 6 _____ \$ _____ Total (add lines 1-6) \$ _____		<input type="checkbox"/> Project Description <input type="checkbox"/> Project Proposal <input type="checkbox"/> Cost Estimate <input type="checkbox"/> Project Timetable <input type="checkbox"/> Authorizing Resolution(s) <input type="checkbox"/> Project Location Map <input type="checkbox"/> Grant Boundary Map <input type="checkbox"/> Evidence of Land Tenure/Permission to Perform Project <input type="checkbox"/> Site Plan <input type="checkbox"/> Acquisition Map, if applicable <input type="checkbox"/> Acquisition Schedule, if applicable <input type="checkbox"/> Proof of Additional Funds, if applicable <input type="checkbox"/> Supplemental Information <input type="checkbox"/> Articles of Incorporation, Bylaws, IRS Determination <input type="checkbox"/> Other, specify _____	

Authorized Representative

Title

I certify that the information contained in this project application form, including required attachments, is accurate:

Signature of Authorized Representative

Date